

CCDC PORTFOLIO REVIEW – COURSE EVALUATION FORM

(CCDC) CERTIFIED CHEMICAL DEPENDENCY COUNSELOR

NAME: _____

ADDRESS: _____

PLEASE SUBMIT WITH THREE (3) COPIES OF EACH SYLLABUS

CITY, STATE, ZIP: _____

Course	Course Number, Title to fulfill requirements	Name of College or University	Date of Course	Number of Credit Hours	Grade	Comments	Board Approval Yes / No
Intro to Alcohol Use and Abuse							
Intro to Drug Use and Abuse							
Foundations of Individual Counseling							
Alcohol and Drug Group Counseling							
Alcohol and Drug Treatment Continuum							
Professional Ethics for the CD Counselor							
Counseling Families with Alcohol or Other Drug Issues							
Cultural Competency OR							
Special Populations							
CD-Specific Elective							

Please return form with transcripts and three (3) copies of each syllabus to: CBADP, 3101 W. 41st Street, Suite 205, Sioux Falls, SD 57105

CBADP Reviewer: _____

Date: _____

Revised 12/26/07